

Member Name _____ ☐ Subscriber or ☐ Spouse

[illegible]

Date of Birth ____/____/____ Gender: M F E-Mail _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

For Fitness Center Use ONLY: ☐ New Enrollment ☐ Change in Insurance/Employer Info ☐ Change in Bank Account Info

Fitness Center Name _____

Club # _____

Fitness Center Member _____

Monthly Average Dues \$_____

Member Initials:

_____ A. I understand I must work out at the fitness facility named above twelve (12) days per calendar month to receive up to a \$20 credit. I also understand my workout must happen inside the facility and/or within that facility's supervised programming. A maximum of two qualifying adults per household may participate in the program. Each adult can qualify for a monthly credit of up to \$20; only 1 workout per day is counted.

_____ B. I understand that it is my responsibility to ensure that my visit is recorded at the time of my workout.

_____ C. I understand there will be a period of time between the completed month and the applied credit. Example: work out **12** days in January, verified in February, credit applied to account by the end of February.

_____ D. I understand the reimbursements issued cannot exceed the total monthly membership for the month the credit is applied.

_____ E. I understand that canceling my membership will result in forfeiture of any unapplied credits. All applied credits will be reimbursed to the out-going member(s).

Signature _____

Date / /

Member Authorization of Credit:

Type of Account:

☐ Checking (attach voided check below)☐ Savings (attach savings deposit slip below)

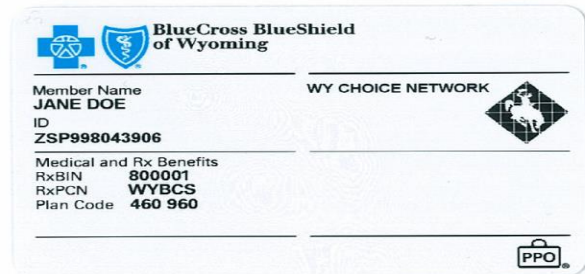
Routing Number: _____

Account Number _____

0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 0 0 0 1

Routing Number Account Number Check Number

Example of BCBS of WY Medical ID Card



I authorize the above fitness center to process credit entries to the account indicated above. This authorization will remain in effect until I notify the above fitness center to discontinue the electronic deposits of funds.

Signature _____

Date ____/____/____

PLEASE ATTACH VOIDED CHECK HERE.